	(cf. 1: 4.1.)
Express Mail Label No.	(if annicanie)
LAPICOS Man Label 140.	(ii applicable)
	` ','

Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/555,729
Confirmation No.	2003
Filing Date	December 21, 2006
First Named Inventor	Shuming Nie
Group Art Unit	1641
Examiner Name	Leon Yun Bon Lum
Attorney Docket No.	239659
Client Reference No.	0215-US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	1. Submission required under 37 CFR 1.114										
	a.		Previously s			113					
:		i.	☐ Conside	r the am	nendment(s)	reply unde	r 37 CFR	1.116 previou	sly filed o	on	
			(Any unen	tered ame	endment(s) refe	rred to above	will be ente	red.)	·		
		ii.		r the arg	guments in tr	ne Appeal i	Brief or R	eply Brief prev	iously file	ed on	
		iii. ⊠	Other:								
	b.		Enclosed	~ t/D or	_ I		is a	□ □ □ □ DT(1440		
		i. ii.			ory aration(s)		iv.			es listed in For	DTO 1440
		11.	∐ Alliuavio	(8)/Decid	arauon(s)		٧.			s and applications)	MP10-1445
		iii.	☐ Informat	ion Disc	losure State	ment (IDS)	vi.	Other:			
2.	Mis		aneous								
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for					c) for a period						
				-	-			onths; fee under 3	7 CFR 1.17	(i) required.)	
	b.		Applicant cla	ims sma	all entity stat	us. See 37	7 CFR 1.2	27			
	C.		Other:								
3.	Fee							CFR 1.114 wh			
	a.	\boxtimes						otal amount in		elow.	
						\$405.00					
						\$ 0.00					
iii. An extension for has already been secured and the fee paid therefor of											
\$ 0.00 is deducted from the total fee due for the total amount of extension now											
requested. iv. Petition for an extension of time (including the period noted above, if checked), as											
		iv.						eriod noted abo nder the prese			
								the appropriat			
		٧.		_	ction fee of S				e pedidon	166.	\$ 0.00
		vi.	Other:	51011 01 5	00011 100 0. 3	p100.00 (0.	01111.	11(1))			Ψ 0.00
vii. Claim fee											
			CLAIMS	<u> </u>	HIGHEST						
			REMAINING		Number	Extra		Add'l		Add'L	
۵	–		AFTER		PREVIOUSLY	CLAIMS	D	CLAIM		CLAIM	
CLA		EE	AMENDMENT	8.8	PAID FOR	PRESENT	RATE	FEE	RATE	FEE	
TOTA			22	Minus	26	= 0	x 26 =	\$0.00	x 52 =		
INDE	PEN	IDENT		Minus	4	= 0	x 110 =	\$0.00			
			FIRST PRESENT	TATION O	F MULTIPLE CI		+ 195 =		+ 390 =		
										oosit Account	\$405.00
	b.								in the at	ove fees or to	
	credit any overpayments to Deposit Account No. 12-1216.										

In re Application of Nie et al. Application No. 10/555,729

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED						
Name (Print/Type)	Salim A. Hasan	Registration No. (Attorney/Agent)	38,175			
Signature		Date	September 22, 2009			
Address	Levelig, Voit & Mayer, Etc. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)			